

AUTO CR - LOG SUMMARY #1067772

TYPE: EO

Incident Finding / Overall Case Finding

Description of Incident	Finding	Entered By	Entered Date
IT IS REPORTED THAT THE DETAINEE WAS ESCORTED TO A HOLDING CELL AT WHICH TIME THE OFFENDER SPIT BLOOD AND SALIVA AT PO ROSALES STRIKING HIM IN THE FACE, NECK AND SHOULDER.	(None Entered)		

Reporting Party Information

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	PLATT, MARY E	[REDACTED]	025 /	LIEUTENANT OF POLICE	F	WHI		

Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
04-MAR-2014 12:15 - 04-MAR-2014 12:15	[REDACTED]	2515	025	281	JAIL / LOCK-UP FACILITY

Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
NON-CPD Detainee	[REDACTED]					M	BLK [REDACTED]

Other Involved Parties

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
NON-CPD Detainee	[REDACTED]					M	BLK	[REDACTED]	
CPD Employee Involved Member	ROSALES, ANTHONY B	5516	[REDACTED]	025 /	POLICE OFFICER	M	API		

Involved Party Associations

Role	Rep. Party Name	Related Person	Relationship

Incident Details

CR Required?		Manner Incident Received?	BELL
Confidential?		Biased Language?	N
Extraordinary Occurrence?	Y	Bias Based Profiling?	N
Police Shooting (U)?	N	Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:		Civil Suit Settled Date:	
Civil Suit No.:		Notify Chief?	
Notify Chief Administrator?	N	Notification Does Not Apply?	Y
Notify Coordinator?			
Notification Other?	N		
Notification Comments:	INITIATED BY LT PLATT EMP NO. 3412		

Incident Category List

Incident Category	Primary?	Initial?
04Z - GROUP 04 - ARREST/LOCKUP PROCEDURES MISCELLANEOUS	Y	Y

Investigator History

Investigator History

Investigator	Type	Assigned Team		Assigned Date	Scheduled End Date	Investigation End Date	No. of Days
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Extension History

Name	Previous Scheduled End Date	Extended Scheduled End Date	Date Certified Letter Sent	Reason Selected	Explanation	Extension Report Date	Approved By	Approved Date	Approval Comments
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Current Allegations

Accused Name	Seq. No.	Allegation	Category	Subcategory	Finding
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Situations (Allegation Details)

Accused Name	Alleg. No.	Situation	Victim/Offender Armed?	Weapon Types	Weapon Other	Weapon Recovered?	Deceased?
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Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	25-MAR-2014 04:05	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
CLOSED AT C.O.P.A.	25-MAR-2014 04:05	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
PENDING ASSIGN TEAM	07-MAR-2014 09:26	ROBERTS, GEORGE	SUPERVISING INVESTIGATOR	113 /	Detainee spat on lockup keeper. No allegations against lockup keeper who was the victim. No use of force used in response to the actions of the detainee.
PENDING SUPERVISOR REVIEW	07-MAR-2014 08:25	TOUSANT, LISA	INTAKE AIDE	113 /	
PRELIMINARY	07-MAR-2014 08:23	ROBERTS, GEORGE	SUPERVISING INVESTIGATOR	113 /	return
PENDING SUPERVISOR REVIEW	07-MAR-2014 08:04	ROBERTS, GEORGE	SUPERVISING INVESTIGATOR	113 /	
PRELIMINARY	05-MAR-2014 08:50	ROBERTS, GEORGE	SUPERVISING INVESTIGATOR	113 /	
PRELIMINARY	05-MAR-2014 08:47	ROBERTS, GEORGE	SUPERVISING INVESTIGATOR	113 /	edit
PENDING SUPERVISOR REVIEW	05-MAR-2014 08:45	ROBERTS, GEORGE	SUPERVISING INVESTIGATOR	113 /	
PRELIMINARY	04-MAR-2014 01:56	GONZALEZ, JORGE	POLICE OFFICER	116 /	INITIATED BY LT PLATT Emp No. [REDACTED]

Attachments

No.	Type	Related Person	No. of Pages	Narrative	Original in File	Entered By	Entered Date/Time	Status	Approve Content	Approve Inclusion
1	FACE SHEET					GONZALEZ, JORGE	04-MAR-2014 01:56			
	DOCUMENTS - INTAKE INCIDENT		2	Officer Ritchey, Mark R.#14979	N	TOUSANT, LISA	07-MAR-2014 08:00	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		1	Officer Picicco, Luigi#6896	N	TOUSANT, LISA	07-MAR-2014 07:59	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		3	[REDACTED]	N	TOUSANT, LISA	07-MAR-2014 07:42	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		4	Officer Rosales, Anthony#5516 Including Battery Report	N	TOUSANT, LISA	07-MAR-2014 08:19	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		1	Officer SENG, Erick#15746	N	TOUSANT, LISA	07-MAR-2014 08:20	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2		N	TOUSANT, LISA	07-MAR-2014 07:41	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		3	[REDACTED]	N	TOUSANT, LISA	07-MAR-2014 07:44	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	Officer Aaron Daly#9118, Officer Erick Seng#15746	N	TOUSANT, LISA	07-MAR-2014 07:46	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		4	Officer Kieres, Geoffrey#16673 Including TRR	N	TOUSANT, LISA	07-MAR-2014 08:09	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		7	OUSLEY, Gregory T	N	TOUSANT, LISA	07-MAR-2014 07:39	APPROVED		

Attachments

No.	Type	Related Person	No. of Pages	Narrative	Original in File	Entered By	Entered Date/Time	Status	Approve Content	Approve Inclusion
	DOCUMENTS - INTAKE INCIDENT		2	Officer Kieres, Geoffrey#16773	N	TOUSANT, LISA	07-MAR-2014 07:47	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		4	Officer Ritchey, Mark#14979 Including TRR	N	TOUSANT, LISA	07-MAR-2014 08:16	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		4	Officer Picicco#6896 Including Trr	N	TOUSANT, LISA	07-MAR-2014 08:12	APPROVED		

Review Incident

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Review Accused

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Accused Finding History

Accused	Allegation	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Finding	Finding Comments
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Accused Penalty History

Accused	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Penalty	Penalty Comments
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Findings

Accused Name	Allegations	Category	Concur?	Findings	Comments
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FACE SHEET (Notification Date: 04-MAR-2014) - LOG #1067772

TYPE: EO

Reporting Party Information

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	PLATT, MARY E		[REDACTED]	025 /	LIEUTENANT OF POLICE	F	WHI		

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Incident Details

CR Required?		Manner Incident Received?	BELL
Confidential?		Biased Language?	N
Extraordinary Occurrence?	Y	Bias Based Profiling?	N
Police Shooting (U)?	N		
Motor Vehicle (V)?		Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Notify Chief?	
Notify Chief Administator?	N	Notification Does Not Apply?	Y
Notify Coordinator?			
Notification Other?	N		

Initial Incident Category List

Initial Incident Category	Primary?
04Z - GROUP 04 - ARREST/LOCKUP PROCEDURES MISCELLANEOUS	Y

Assignment History

Assigned To	Assigned Team	Investigator	Assignment Date/Time	Assigned By	Reason
IPRA	CIVILIAN OFFICE OF POLICE ACCOUNTABILITY	-	04-MAR-2014 01:56	GONZALEZ, JORGE	

Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	25-MAR-2014 04:05	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
CLOSED AT C.O.P.A.	25-MAR-2014 04:05	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
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PENDING SUPERVISOR REVIEW	05-MAR-2014 08:45	ROBERTS, GEORGE	SUPERVISING INVESTIGATOR	113 /	
PRELIMINARY	04-MAR-2014 01:56	GONZALEZ, JORGE	POLICE OFFICER	116 /	INITIATED BY LT PLATT Emp No. 3412

**CHICAGO POLICE DEPARTMENT
ARREST REPORT**

3510 S. Michigan Avenue, Chicago, Illinois 60653

(For use by Chicago Police Department Personnel Only)

CPD-11. 420C (REV. 6/30)

FINAL APPROVAL

ARREST REPORTING					
OFFENDER	Name: [REDACTED]	Male			
	Res: [REDACTED]	Black			
	Unknown	6' 03"			
	DOB: [REDACTED]	185 lbs			
	AGE: 31 years	Brown Eyes			
POB: Illinois	Black Hair				
ARMED WITH Unarmed	Short Hair Style				
	Medium Brown				
	Complexion				
	US Veteran				
INCIDENT	Arrest Date [REDACTED]	TRR Completed? Yes	Total No Arrested: 1	Co-Arrests	Assoc Cases [REDACTED]
	Location [REDACTED]	Beat: 1531	Dependent Children? No	DCFS Ward ?	[REDACTED]
	Holding Facility: District 025 Male Lockup				
	Resisted Arrest? Yes				
CHARGES	1 Offense As Cited	720 ILCS 5.0/21-3-A-2 CRIMINAL TRESPASS TO LAND Class B - Type M	Victim	Thamar Inc	
	2 Offense As Cited	720 ILCS 5.0/31-1-A RESISTING/PC OFF/CORR EMP/FRFTR Class A - Type M		State Of Illinois, Ritchey #14979	
	3 Offense As Cited	720 ILCS 5.0/31-1-A RESISTING/PC OFF/CORR EMP/FRFTR Class A - Type M		State Of Illinois, Kieres #16773	
	4 Offense As Cited	720 ILCS 5.0/31-1-A RESISTING/PC OFF/CORR EMP/FRFTR Class A - Type M		State Of Illinois, Picicco #6896	
	5 Offense As Cited	720 ILCS 5.0/31-1-A RESISTING/PC OFF/CORR EMP/FRFTR Class A - Type M		State Of Illinois, Seng #15746	
	6 Offense As Cited	720 ILCS 550.0/4-D CANNABIS - POSSESS 30-500 GRMS Class 4 - Type F		State Of Illinois, Ritchey #1497	
	7 Offense As Cited	720 ILCS 5.0/12-3.05-D-4 AGG BATTERY/PEACE OFFICER Class 2 - Type F		State Of Illinois, Ritchey #1497	
	8 Offense As Cited	720 ILCS 5.0/12-3.05-D-4		State Of Illinois, Kieres #16773	

Print Generated By: TOUSANT, Lisa [REDACTED]

Page 1 of 7

07 MAR 2014 07:18

		AGG BATTERY/PEACE OFFICER Class 2 - Type F	
9	Offense As Cited	720 ILCS 5.0/12-3.05-D-4 AGG BATTERY/PEACE OFFICER Class 2 - Type F	State Of Illinois, Picicco #6896
10	Offense As Cited	720 ILCS 5.0/12-3.05-D-4 AGG BATTERY/PEACE OFFICER Class 2 - Type F	State Of Illinois, Rosales #5516

FELONY
REVIEW

Felony Review : Approved 04 MAR 2014 04:32 Djulabic, State's Attorneys's Office

RECOVERED
NARCOTICS

Type	Approx. Weight/Quantity	Units	Estimated Street Value
Suspect Cannabis	57	GRAMS	\$570.00

WARRANT

NO WARRANT IDENTIFIED

Chicago Police Department - ARREST Report

ARREST REPORTING

VICTIM AND COMPLAINANT				
Name: THAMAR INC	Res: 5035 W Division St Chicago, IL 60651 773-261-6980	Beat:1531	Injured? No	Deceased? No
Empl: 5035 W Division St Chicago, IL 60651 773-261-6980		Beat:1531	DOB:	Hospitalized? No
			Age:	Treated and Released? No
			Comments:	
WITNESS				
Name: [REDACTED]	Res: [REDACTED]	Beat:832	Male	Injured? No Deceased? No
Empl: [REDACTED]		Beat:1531	Black	Hospitalized? No
			DOB: [REDACTED]	
			Age: 51 years	Treated and Released? No
			Comments:	
VICTIM AND COMPLAINANT				
Name: STATE OF ILLINOIS, Ritchey #14979	Empl: 5555 W Grand Ave Chicago, IL 60639 312-746-8605	Beat:2515	Injured? No	Deceased? No
			DOB:	Hospitalized? No
			Age:	Treated and Released? No
			Comments:	
VICTIM AND COMPLAINANT				
Name: STATE OF ILLINOIS, Kieres #16773	Empl: 5555 W Grand Ave Chicago, IL 60639 312-746-8605	Beat:2515	Injured? No	Deceased? No
			DOB:	Hospitalized? No
			Age:	Treated and Released? No
			Comments:	
VICTIM AND COMPLAINANT				
Name: STATE OF ILLINOIS, Picicco #6896	Empl: 5555 W Grand Ave Chicago, IL 60639 312-746-8605	Beat:2515	Injured? No	Deceased? No
			DOB:	Hospitalized? No
			Age:	Treated and Released? No
			Comments:	
VICTIM AND COMPLAINANT				
Name: STATE OF ILLINOIS, Rosales #5516	Empl: 5555 W Grand Ave Chicago, IL 60639 312-746-8605	Beat:2515	Injured? No	Deceased? No
			DOB:	Hospitalized? No
			Age:	Treated and Released? No
			Comments:	

Chicago Police Department - ARREST Report

ARREST REPORTING

VICTIM AND COMPLAINANT

Name: STATE OF ILLINOIS, Seng #15746
 Empl: 5555 W Grand Ave
 Chicago, IL 60639
 312-746-8605

Beat: 2515

Injured? No Deceased? No

DOB:

Hospitalized? No

Age:

Treated and Released? No

Comments:

ARRESTEE VEHICLE

NO ARRESTEE VEHICLE INFORMATION ENTERED

PROPERTIES

Confiscated Properties :

All confiscated properties are recorded in the e-Track System. This system can be queried by the inventory number to retrieve all official court documents related to evidence and/or recovered properties.

PROPERTIES INFORMATION FOR [REDACTED]

NOT AVAILABLE IN THE AUTOMATED ARREST SYSTEM.

INCIDENT NARRATIVE

(The facts for probable cause to arrest AND to substantiate the charges include, but are not limited to, the following)

[REDACTED] NAMED OFFENDER WAS ARRESTED ON SIGNED COMPLAINTS IN THAT HE KNOWINGLY REMAINED UPON THE LAND AT LISTED LOCATION AFTER RECEIVING NOTICE FROM OWNER/OCCUPANT TO DEPART. R/O'S ATTEMPTED TO PLACE OFFENDER INTO CUSTODY, AT WHICH TIME OFFENDER RESISTED ARREST BY STIFFENING HIS BODY AND FLAILING HIS ARMS IN AN ATTEMPT TO DEFEAT CUSTODY. SEARCH INCIDENT TO ARREST REVEALED 57 CLEAR, PLASTIC ZIPLOCK BAGGIES CONTAINING A CRUSHED, GREEN PLANT LIKE SUBSTANCE, SUSPECT CANNABIS, IN A CLEAR, PLASTIC ZIPLOCK BAG IN OFFENDER'S FRONT LEFT JACKET POCKET (INVENTORY UNDER [REDACTED]). R/O'S RELOCATED TO 025 FOR PROCESSING. WHILE AT 025, OFFENDER WOULD NOT COMPLY WITH A/O'S VERBAL COMMANDS AND BECAME AGGRESSIVE WHEN A/O'S ATTEMPTED TO PLACE HIM BACK IN HANDCUFFS. OFFENDER BEGAN FLAILING HIS ARMS, KICKING HIS LEGS, AND STIFFENING HIS UPPER BODY IN AN ATTEMPT TO INJURE A/O'S AND ATTEMPT TO DEFEAT A/O'S CUSTODY. OFFENDER STRUCK A/O'S SEVERAL TIMES. OFFENDER WAS ESCORTED BACK TO PRISONER LOCK UP AND PLACED IN A HOLDING CELL AT WHICH TIME OFFENDER SPIT BLOOD AND SALIVA AT PO ROSALES (#5516) STRIKING HIM IN THE FACE, NECK, AND SHOULDER. AREA NORTH DET. NAUGHTON (#21138) NOTIFIED @0115 HRS. DET. KOLLIOPoulos (#2238, BEAT 5321) ARRIVED AT 025 @0225 HRS. PRISONER PERSONAL PROPERTY INVENTORIED UNDER [REDACTED] VIN GIVEN. NAME CHECK VIA LEADS REVEALED NO 2DA/GIPP. NO WARRANTS/NO INVESTIGATIVE ALERTS. ET ORDERED VIA CITYWIDE 2 @0315 HRS.

COURT INFO

Desired Court Date: 27 March 2014

Branch: 50-4 5555 W GRAND - Room

Court Sgt Handle? No

Initial Court Date: 04 March 2014

Branch: CBC-1 2600 S CALIFORNIA - Room100

Docket #:

BOND INFO

BOND INFORMATION NOT AVAILABLE

Chicago Police Department - ARREST Report

ARREST REPORTING

REPORTING PERSONNEL

ATTESTING OFFICER:

I hereby declare and affirm, under penalty of perjury, that the facts stated herein are accurate to the best of my knowledge, information and/or belief.

Attesting Officer: #14979 RITCHIEY, M R [REDACTED] 04 MAR 2014 03:24

ARRESTING OFFICER(S):

1st Arresting Officer: #14979 RITCHIEY, M R [REDACTED] Beat 4355I
2nd Arresting Officer: #16773 KIERES, G L [REDACTED] 4355M

APPROVING SUPERVISOR:

Approval of Probable Cause : #2204 OSEGUERA, A J [REDACTED] 04 MAR 2014 03:28

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Chicago Police Department - ARREST Report

ARREST PROCESSING REPORT

LOCKUP KEEPER PROCESSING

INTERVIEW LOG

VISITOR LOG

Holding Facility: District 025 Male Lockup
Received in Lockup: 04 March 2014 04:21
Prints Taken: 04 March 2014 05:46
Palmprints Taken: Yes
Photograph Taken: 04 March 2014 06:12
Released from Lockup: 04 March 2014 07:26

Time Last Fed:
Time Called: 04 March 2014 06:00 Phone#: [REDACTED]
Cell #: 3-2
Transport Details : 2PO 2522 03-MAR-2014 22:34

VISUAL CHECK OF ARRESTEE

Is there obvious pain or injury? Yes
Is there obvious signs of infection? No
Under the influence of alcohol/drugs? Yes
Signs of alcohol/drug withdrawal? No
Appears to be despondent? No
Appears to be irrational? Yes
Carrying medication? No

ARRESTEE QUESTIONNARIE

Presently taking medication? No
(if female)are you pregnant? No
First time ever been arrested? No
Attempted suicide/serious harm? No
Serious medical or mental problems? No
Are you receiving treatment? No
Transgender/intersex/gender non-conforming? No

RETURN TO HOLDING FACILITY COMMENTS:

QUESTIONNAIRE REMARKS:

Irrate Combative Upon Entering The Lock Up And Refused All Processing Procedure

LOCKUP KEEPER COMMENTS:

04 MAR 2014 06:13 STAUNTON, James M Call To Girl Friend At 0600 Hrs.

EMERGENCY CONTACT

Name : REFUSED

Res: Beat:

NO INTERVIEWS LOGGED

NO VISITORS LOGGED

ARREST PROCESSING REPORT

MOVEMENT LOG

MOVEMENT LOG INFORMATION NOT AVAILABLE

WC COMMENTS

Watch Commander Comments:

REL w/o CHARGING

DOES NOT APPLY TO THIS ARREST

PROCESSING PERSONNEL

		Beat
Searched By:	WILLABY, H D	
Lockup Keeper:	#5516 ROSALES, A B	
Assisting Arresting Officer:	#14664 CASEY, K A	2522
Assisting Arresting Officer:	#15746 SENG, E P	2562D
Assisting Arresting Officer:	#5516 ROSALES, A B	2502
Assisting Arresting Officer:	#6896 PICICCO, L	4355H
Assisting Arresting Officer:	#7993 SURMA, T A	2522
Assisting Arresting Officer:	#9118 DALY, A M	2562D
Detective Notified:	#21138 NAUGHTON, M P	5365
Fingerprinted By:	STAUNTON, J M	
Detective :	#20238 Kolliopoulos, Demetrios	04 MAR 2014 04:45
		5321

APPROVAL PERSONNEL:

	Beat
Final Approval of Charges : #1057 DINEEN, T K	04 MAR 2014 06:40

ILLINOIS DEPARTMENT OF CORRECTIONS

Report of Extraordinary or Unusual Occurrences

EO # 14-009
Log # 1067772

Report all extraordinary or unusual occurrences involving detainees in writing within 72 hours to the Office of Jail & Detention Standards. When a delay in the written report is unavoidable, make the report by telephone and submit the written report as soon as possible to:

Office of Jail & Detention Standards
1301 Concordia Court, P. O. Box 19277
Springfield, Illinois 62794-9277
Telephone: (217) 558-2200, ext. 4212
Fax: (217) 522-3906

Check one: County
 Municipal (except Chicago)
 Chicago Police Department, include
R.D. Number: _____

Facility Name: Grand Central District Telephone #: 312 746 8605

Address: 5555 W Grand Ave Chicago IL 60639
Street City State Zip Code

Date of Occurrence: Mar 04, 2014 Time of Occurrence: 12:15 a.m. p.m.

Type of Occurrence: Suicide (method) _____ Suicide Attempt (method) _____
 Homicide Homicide Attempt Escape Escape Attempt Fire Serious Injury
 Battery Riot or Rebellion Sex Offense Assault on Staff Assault among Detainees
 Fighting among Detainees Restraints Used OC Spray Used Other (specify): _____

Detainees Involved			
Name	Date of Birth	Date Confined	Arresting Charge
Ousley, Gregory	Jan 13, 1983	Mar 03, 2014	Battery, Resisting Arrest, Agg Battery to PO's

Any injuries? No Yes, (briefly describe): Cut to lip

Any resulting death? No Yes, attach coroner's report or forward upon completion and explain below:

Name of deceased: _____

Specific cause of death: _____

Date & time of death: _____

Was deceased on suicide watch at or immediately before time of death? Yes No

Reported by: _____

Was deceased examined by a physician? No Yes, on: _____

Did deceased display signs of illness? No Yes, describe: _____

CHICAGO POLICE DEPARTMENT
ORIGINAL CASE INCIDENT REPORT

3510 S. Michigan Avenue, Chicago, Illinois 60653
(For use by Chicago Police Department Personnel Only)
CPD-11.388(6/03)-C

INCIDENT	APPROVAL COMPLETE		
	IUCR: 1330 - Criminal Trespass - To Land		
	1812 - Narcotics - Poss: Cannabis More Than 30gms		
	3710 - Interference With Public Officer - Resist/Obstruct/Disarm Officer		
Occurrence Location:	Beat: 1531	Unit Assigned: 4355M RO Arrival Date: 03 March 2014 22:17	
220 - Gas Station Occurrence Date: 03 March 2014 22:16			
# Offenders: 1			

NON-OFFENDER(S)	VICTIM - Business		
	Name: [REDACTED]	Contact Person: [REDACTED]	
		Beat: 1531	
	CPD Officer: No		
Other Communications and Availability			
Residence Phone : [REDACTED]			
WITNESS - Individual			
Name: [REDACTED]	Beat: 0832	Demographics	
Res: [REDACTED]		Male	DOB: [REDACTED]
Empl: [REDACTED]	Beat: 1531	Black	Age: 51 Years
5'08, 250 lbs Brown Eyes Brown Hair Short Hair Style Medium Brown Complexion			
CPD Officer: No			

INJURY(S)			

SUSPECT(S)			



Chicago Police Department - Incident Report

SUSPECT(S)	Suspect # 1	In Custody	
	Name: [REDACTED] Res: [REDACTED]	Demographics Male Black 6'03, 185 lbs , Brown Eyes Brown Hair Short Hair Style Medium Brown Complexion	DOB: 13 January 1983 Age: 31 years Birth Place: Illinois Suspected of Using: Drugs/Narcotics
NARCOTICS	Narcotics #1	Possessor/User [REDACTED]	
	Type: Cannabis/Generic Weight: 57 Grams Container Containing Packages: Large Ziplock Bag	Location found: 5035 W Division Packaging: Zip-Lock Plastic Bag(S) Owner: Gregory Ousley Quantity: 57	Taken/Stolen? No Recovered? Yes
NON-OFFENDERS	BUSINESS LICENSE HOLDER - Business		
	Name: [REDACTED] Bus: [REDACTED] Contact: [REDACTED] Business Phone : [REDACTED]	Beat: 5100	
NARRATIVES	<p>[REDACTED] IN SUMMARY R/O'S AT ABOVE LOCATION OUTSIDE, OBSERVE [REDACTED] (OFFENDER) IN A VERBAL/PHYSICAL CONFRONTATION WITH [REDACTED] (WITNESS/ SECURITY GUARD). [REDACTED] (WITNESS/ SECURITY GUARD) RELATED TO [REDACTED] (OFFENDER) MULTIPLE TIMES TO LEAVE (FIRM [REDACTED] (VICTIM AND COMPLAINANT/ CITGO GAS STATION) AT ABOVE LOCATION. GREGORY OUSLEY(OFFENDER) WAS NOT COMPLIANT WITH [REDACTED] WITNESS/SECURITY GUARD). R/O'S ONVIEWED CONFRONTATION WHILE ON PATROL. FIRM THAMAR INC (VICTIM AND COMPLAINANT/CITGO GAS STATION) RELATED TO P/O RITCHIE THAT THEY WANTED [REDACTED] (OFFENDER) ARRESTED AND WANTED TO SIGN COMPLAINTS AGAINST OFFENDER. R/O'S GAVE VERBAL COMMANDS TO [REDACTED] (OFFENDER) TO SHOW THEM HIS HANDS THAT WERE IN OFFENDERS POCKETS. [REDACTED] (OFFENDER) FAILED TO COMPLY WITH VERBAL COMMANDS. R/O KIERES, R/O RITCHIE, AND R/O PICICCO ATTEMPTED TO DETAIN THE SUBJECT AT WHICH TIME THE SUBJECT BEGAN STIFFENING HIS ARMS, PULLING AWAY AND FLAILING HIS ARMS IN AN ATTEMPT TO DEFEAT R/O'S. R/O KIERES AND R/O PICICCO PERFORMED AN EMERGENCY TAKE DOWN ALONG WITH EMERGENCY HANDCUFFING IN ORDER TO GAIN CONTROL OF THE OFFENDER. R/O'S USED OPEN HAND STRIKES TO BODY AND LEGS WHILE OFFENDER WAS RESISTING ARREST. ONCE [REDACTED] (OFFENDER) WAS HANDCUFFED, R/O'S PERFORMED A CUSTODIAL SEARCH. P.O. RITCHIE THEN RECOVERED A ZIPLOCK BAG CONTAINING 57 SMALLER ZIPLOCK BAGS OF GREEN LEAFY SUBSTANCES ESTIMATED AT 57 GRAMS OF SUSPECT CANNABIS DURING CUSTODIAL SEARCH. SUBJECT CANNABIS WAS [REDACTED] (OFFENDER) LEFT JACKET POCKET. [REDACTED] (OFFENDER) APPEARED TO BE UNDER THE INFLUENCE OF NARCOTICS DURING ARREST. R/O'S REQUESTED FOR CFD AMBULANCE TO RESPOND DUE TO [REDACTED] BEING UNDER THE INFLUENCE. CFD AMBULANCE 15 RESPONDED AND TRANSPORTED [REDACTED] (OFFENDER) TO WEST SUBURBAN ER, TREATED AND RELEASED BY DR. SHELBY KAPLAN IN ER HOSP. GREGORY OUSLEY (OFFENDER) WAS TRANSPORTED BY 2522 TO 025 DISTRICT FOR PROCESSING. SUBJECT CLEAR IN GIPP/TRAPP, NO 2DA. COURT DATE 27MAR2014, 50-4, 1300HRS. INVENTORY # [REDACTED]</p>		



Chicago Police Department - Incident Report**NARRATIVES**

[REDACTED] FOR PERSONAL PROPERTY. INVENTORY # 13119636 FOR SUSPECT CANNABIS
FIRST ARRESTING OFFICER - STAR#: 14979 NAME: MARK RITCHIE BEAT: 4355I
SECOND ARRESTING OFFICER - STAR#: 16773 NAME: GEOFFREY KIERES BEAT: 4355M
REPORTING OFFICER - STAR#: 6896 NAME: LUIGI PICICCO BEAT: 4355H
ASSISTING OFFICER - STAR#: 14664 NAME: KELLY CASEY BEAT: 2522
ASSISTING OFFICER - STAR#: 7993 NAME: THOMAS SURMA BEAT: 2522

PERSONNEL

	Star No	Emp No	Name	User	Date	Unit	Beat
Reporting Officer	16773	[REDACTED]	KIERES, Geoffrey, L	[REDACTED]	04 Mar 2014 02:30	413	4355M

CHICAGO POLICE DEPARTMENT
ORIGINAL CASE INCIDENT REPORT

3510 S. Michigan Avenue, Chicago, Illinois 60653
 (For use by Chicago Police Department Personnel Only)
 CPD-11.388(6/03)-C

INCIDENT	APPROVAL COMPLETE																																				
	IUCR: 0454 - Battery - Agg Po Hands No/Min Injury																																				
NON-OFFENDER(S)	Occurrence: 5555 W Grand Ave Location: Chicago IL 280 - Police Facility/Veh Parking Lot Occurrence Date: 04 March 2014 00:15	Beat: 2515	Unit Assigned: 4355H RO Arrival Date: 04 March 2014 00:20 # Offenders: 1																																		
	VICTIM - Individual <table border="1"> <tr> <td>Name: PICICCO, Po</td> <td>Demographics</td> </tr> <tr> <td>Res: 5555 W Grand Ave Chicago IL 312 - 746 - 8605</td> <td>Male</td> </tr> <tr> <td>Sobriety: Sober</td> <td>Age: 33 Years</td> </tr> <tr> <td>CPD Officer: No</td> <td></td> </tr> </table> VICTIM - Individual <table border="1"> <tr> <td>Name: ROSALES, Po</td> <td>Demographics</td> </tr> <tr> <td>Res: 5555 W Grand Ave Chicago IL</td> <td>Beat: 2515</td> <td>Age: 38 Years</td> </tr> <tr> <td>Sobriety: Sober</td> <td></td> </tr> <tr> <td>CPD Officer: No</td> <td></td> </tr> </table> VICTIM - Individual <table border="1"> <tr> <td>Name: KIERES, Po</td> <td>Demographics</td> </tr> <tr> <td>Res: 5555 W Grand Ave Chicago IL 312 - 746 - 8605</td> <td>Beat: 2515</td> <td>Age: 29 Years</td> </tr> <tr> <td>Sobriety: Sober</td> <td></td> </tr> <tr> <td>CPD Officer: No</td> <td></td> </tr> </table> VICTIM - Individual <table border="1"> <tr> <td>Name: RITCHIEY, Po</td> <td>Demographics</td> </tr> <tr> <td>Res: 5555 W Grand Ave Chicago IL 312 - 746 - 8605</td> <td>Beat: 2515</td> <td>Age: 29 Years</td> </tr> <tr> <td>Sobriety: Sober</td> <td></td> </tr> <tr> <td>CPD Officer: No</td> <td></td> </tr> </table> SUSPECT(S)			Name: PICICCO, Po	Demographics	Res: 5555 W Grand Ave Chicago IL 312 - 746 - 8605	Male	Sobriety: Sober	Age: 33 Years	CPD Officer: No		Name: ROSALES, Po	Demographics	Res: 5555 W Grand Ave Chicago IL	Beat: 2515	Age: 38 Years	Sobriety: Sober		CPD Officer: No		Name: KIERES, Po	Demographics	Res: 5555 W Grand Ave Chicago IL 312 - 746 - 8605	Beat: 2515	Age: 29 Years	Sobriety: Sober		CPD Officer: No		Name: RITCHIEY, Po	Demographics	Res: 5555 W Grand Ave Chicago IL 312 - 746 - 8605	Beat: 2515	Age: 29 Years	Sobriety: Sober		CPD Officer: No
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Sobriety: Sober																																					
CPD Officer: No																																					

Chicago Police Department - Incident Report

Suspect # 1		In Custody			
SUSPECT(S)	Name: [REDACTED]	Beat: 2533	Demographics		
	Res: [REDACTED]		Male Black 6'03, 185 lbs , Brown Eyes Black Hair Short Hair Style Dark Brown Complexion	DOB: [REDACTED] Age: 31 years Birth Place: Illinois State Id: [REDACTED]	Suspected of Using: Drugs/Narcotics
RELATIONSHIP	PICICCO, Po ROSALES, Po KIERES, Po RITCHY, Po	(Victim) (Victim) (Victim) (Victim)	is a No Relationship of is a No Relationship of is a No Relationship of is a No Relationship of	[REDACTED]	(Offender) (Offender) (Offender) (Offender)
NOTIFICATIONS	Request Type Notification	Unit 630	Agency Name Detective Area - North	Date 04 March 01:15	Star # 21138 Name NAUGHTON, Other Notifications May Be In Narrative.
NARRATIVES	<p>[REDACTED] N SUMMARY; [REDACTED] OFFENDER) WAS BEING HELD IN THE MALE HOLDING CELL WHILE AO'S WERE PROCESSING HIM IN 025. AO'S INFORMED BY OFFENDER THAT HE WAS ON PCP. OFFENDER REQUESTED TO THE AO'S THAT HE NEEDED TO USE THE WASHROOM. AO'S ALLOWED OFFENDER TO USE THE WASHROOM AND WHEN HE WAS FINISHED OFFENDER BEGAN TO NOT COMPLY WITH THE AO'S MULTIPLE VERBAL COMMANDS. AO'S REPEATEDLY CONTINUED TO GIVE VERBAL COMMANDS AND OFFENDER. OFFENDER BEGAN TO GET EXTREMELY AGGRESSIVE WHEN AO'S ATTEMPTED TO PLACE HIM BACK IN HANDCUFFS. OFFENDER BEGAN TO THROW HIS ELBOWS AND KICK HIS LEGS IN AN ATTEMPT TO INJURE THE AO'S AND ATTEMPT TO DEFEAT THE AO'S CUSTODY. OFFENDER STRUCK AO'S SEVERAL TIMES. AO'S DID AN EMERGENCY TAKE DOWN ON OFFENDER TO GAIN CONTROL. OFFENDER STIFFENED UP HIS UPPER BODY AND FLAILED HIS ARMS AND LEGS CONTINUOUSLY STRIKING THE AO'S IN AN ATTEMPT TO BREAK CUSTODY. OFFENDER STRUCK PO PICICCO (VICTIM AND COMPLAINANT) IN THE MIDDLE OF THE RIGHT ARM WITH HIS RIGHT ELBOW. OFFENDER STRUCK PO RITCHY(VICTIM AND COMPLAINANT) IN THE LEFT SHOULDER AND LEFT ARM WITH HIS RIGHT FOOT AND RIGHT ELBOW. OFFENDER STRUCK PO KIERES (VICTIM AND COMPLAINANT) IN THE RIGHT SHOULDER AND WAS SCRATCHED ON HIS LEFT SIDE OF HIS FOREHEAD BY OFFENDER'S LEFT FIST. AO'S USED OPEN HAND STRIKES, CLOSED HAND STRIKES, AND ARMBARS TO PLACE OFFENDER BACK IN CUSTODY. OFFENDER WAS ESCORTED INTO THE PRISONER LOCK UP AND PLACED IN A HOLDING CELL AT WHICH TIME (OFFENDER) SPIT BLOOD AND SALIVA AT PO ROSALES (VICTIM AND COMPLAINANT) (#5516) STRIKING HIM ON HIS FACE, NECK AND SHOULDER. AREA NORTH DETECTIVE NOTIFIED AT 0115 HRS NAUGHTON (#21138). DET. KOLLIOPoulos (#2238, BEAT 5321) ARRIVED AT 025 AT 0225 HRS. NAME CHECK THOUGH LEADS REVEALED NO 2DA/GIPP/NO INVESTIGATIVE ALERTS/NO WARRANTS. ET ORDERED THROUGH CITYWIDE 2 @0315 HRS.</p> <ul style="list-style-type: none"> - STAR#: 14979 NAME: MARK RITCHY BEAT: 43551 - STAR#: 16773 NAME: GEOFFREY KIERES BEAT: 4355M - STAR#: 6896 NAME: LUIGI PICICCO BEAT: 4355H - STAR#: 5516 NAME: ANTHONY ROSALES BEAT: 2502 - STAR#: 15746 NAME: ERICK SENG BEAT: 2562D 				

PERSONNEL

	Star No	Emp No	Name	User	Date	Unit	Beat
Reporting Officer	6896	[REDACTED]	PICICCO, Luigi	[REDACTED]	04 Mar 2014 03:33	413	4355H

IUCR ASSOC'S.

Victim	IUCR	Crime
PICICCO	0454	Battery - Agg Po Hands No/Min Injury
RITCHIEY	0454	Battery - Agg Po Hands No/Min Injury
KIERES	0454	Battery - Agg Po Hands No/Min Injury
ROSALES	0454	Battery - Agg Po Hands No/Min Injury

Offender

C
C
C
C

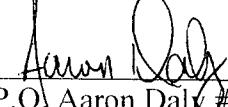
04 March 14

To: 025th District Commander Kevin Navarro

From: P.O. Aaron Daly #9118

Subject: Witness Statement: Battery to P.O's, RD# HX-171554

R/O was working on 04 Mar 14 as Bt. 2562D and inside the tactical office of he 025th District. While inside the office, R/O and R/O Seng #15746 heard yelling coming from inside the prisoner tank next to the tactical office. R/O responded with R/O Seng and observed the offender, now known [REDACTED] punching and kicking R/O Kieres #16773, R/O Ritchey #14979, and R/O Picicco #6896 about their person, in an attempt to defeat the arrest (reported under [REDACTED] and to cause each officer great bodily harm. R/O, along with R/O Seng #15746 helped re-detain [REDACTED] [REDACTED] to help prevent any further injury, and continued to help R/O's with the immediate transport of the offender to the lock-up area. Once [REDACTED] was inside the lock-up, the offender proceeded to spit blood onto the right side of the face, neck and shoulder area of R/O Rosales #5516, after the offender was placed inside of the holding cell. There was no further incident.


P.O. Aaron Daly #9118

Approved:

[REDACTED]
[REDACTED]
[REDACTED]

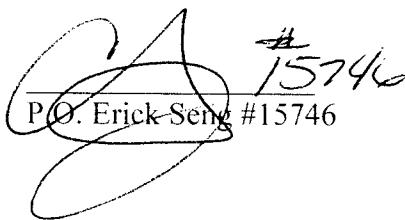
04 March 14

To: 025th District Commander Kevin Navarro

From: P.O. Erick Seng #15746

Subject: Witness Statement: Battery to P.O's, RD# HX-171554

R/O was working on 04 Mar 14 as Bt. 2562D and inside the tactical office of he 025th District. While inside the office, R/O and R/O Daly #9118 heard yelling coming from inside the prisoner tank next to the tactical office. R/O responded with R/O Daly and observed the offender, now known as Ousley, Gregory IR #1291545, punching and kicking R/O Kieres #16773, R/O Ritchey #14979, and R/O Picicco #6896 about their person, in an attempt to defeat the arrest (reported under [REDACTED] and to cause each officer great bodily harm. R/O, along with R/O Daly #9118 helped re-detain [REDACTED] [REDACTED] to help prevent any further injury, and continued to help R/O's with the immediate transport of the offender to the lock-up area. Once [REDACTED] was inside the lock-up, the offender proceeded to spit blood onto the right side of the face, neck and shoulder area of R/O Rosales #5516, after the offender was placed inside of the holding cell. There was no further incident.



P.O. Erick Seng #15746

Approved:

[REDACTED]
[REDACTED]
[REDACTED]

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED SUBJECT INFORMATION	1. DATE OF INCIDENT 03-MAR-2014	TIME 22:18:00	2. ADDRESS OF OCCURRENCE				3. LOCATION CODE 220	4. BEAT/OCCUR 1531							
	5. POSITION 9161	6. LAST NAME KIERES	7. FIRST NAME GEOFFREY L	8. STAR NO. 16773	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE WHI	11. AGE 510	12. HT. 220	13. WT. 510						
	14. DATE OF APPT.	15. EMPLOYEE NO. 044	16. UNIT & BEAT OF ASSIGNMENT 4355M	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No									
	DNA			T	X 01 M <input type="checkbox"/> 02 F	BLK	603	185							
		20. LAST NAME	21. FIRST NAME	22. M.I.	23. SEX T	24. RACE BLK	25. D.O.B.	26. HT.	27. WT.						
		28. ADDRESS	29. TELEPHONE NO.	30. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No									
		33. WHERE WAS MEDICAL TREATMENT OBTAINED?	34. BY WHOM?	35. CONDITION <input checked="" type="checkbox"/> 03 Hospitalized	36. CHARGES PLACED	DNA	37. CB NO.	IR NO.	DNA						
	38. <input type="checkbox"/> DNA	PASSIVE RESISTER SUBJECT'S ACTIONS DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/> OTHER _____	ACTIVE RESISTER MEMBER'S RESPONSE FLED PULLED AWAY OTHER _____	ASSAILANT:ASSAULT IMMINENT THREAT OF BATTERY OTHER _____	ASSAILANT:BATTERY ATTACK WITH WEAPON ATTACK WITHOUT WEAPON OTHER _____	ASSAILANT:DEADLY FORCE USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM WEAPON OTHER _____									
	39. <input checked="" type="checkbox"/> DNA	40. ADDITIONAL INFORMATION													
	WEAPON DISCHARGE INCIDENT	POSITION	STAR NO.	UNIT	41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> OTHER	42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors	43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial	44. WEATHER CONDITIONS CLEAR							
	45. MAKE/MANUFACTURER	46. MODEL	47. BARREL LENGTH	48. CALIBER/GAUGE											
	49. TASER DART ID NO.	50. WEAPON SERIAL NO. (Include Letters)	51. CHICAGO GUN REG. NO.	52. IL FIREARM OWNER ID. NO.	53. HANDGUN CERTIFICATE NO.										
	54. SPECIAL WEAPON CERTIFICATE NO.	55. PROPERTY INVENTORY NO.	56. TYPE OF AMMUNITION USED	57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER.	58. TOTAL NO. OF SHOTS MEMBER FIRED										
	59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input checked="" type="checkbox"/> 02 OFFENDER	60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	61. NO. OF CARRIDGES/SHOT SHELLS RELOADED	62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)	63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW	64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD	65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)	67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 5 FT. <input type="checkbox"/> 02 5 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.	70. EVENT NO.					
	68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN	69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)					71. RD. NO.								
72. CASE INFO.	NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT.& W.C./DIST. OF OCCUR. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT.& W.C./DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.									73. REPORTING MEMBER (Print Name) KIERES, GEOFFREY L 03-MAR-2014 23:45:34	STAR/EMPLOYEE NO. 16773	SIGNATURE			
SIGNATURES	Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.									74. REVIEWING SUPERVISOR (Print Name) TALIAFERRO, CHRISTOPH	STAR NO. 938	SIGNATURE	DATE REVIEWED 03-MAR-2014 23:58:15	TIME	

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE AOS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING; 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

DNA

REFUSED

UNABLE TO INTERVIEW (Specify Reason)

Subject was totally confused as to where he was or what had just happened. He only responded to questions by asking What? Where? Why? Subject was extremely high and was not aware of what had happened at the gas station.

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

The Officer was within Department Guidelines on the Use of Force.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. _____ OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

PLATT, MARY E

SIGNATURE

DATE COMPLETED TIME

04-MAR-2014 00:12:27

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:

- | | |
|--|--|
| <input type="checkbox"/> CASE REPORT | <input type="checkbox"/> SUPPLEMENTARY REPORT |
| <input type="checkbox"/> ARREST REPORT | <input type="checkbox"/> OFFICER BATTERY REPORT |
| | <input type="checkbox"/> TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES) |

- | |
|---|
| <input type="checkbox"/> I.O.D. REPORT |
| <input type="checkbox"/> CR INITIATION REPORT |

80. TOTAL TRR's THIS EVENT No.

3

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED SUBJECT INFORMATION	1. DATE OF INCIDENT 03-MAR-2014	TIME 22:18:00	2. ADDRESS OF OCCURRENCE [REDACTED]	3. LOCATION CODE 220	4. BEAT/OCCUR 1531						
	5. POSITION 9161	6. LAST NAME PICICCO	7. FIRST NAME LUIGI	8. STAR NO. 6896	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE WHI	11. AGE [REDACTED]	12. HT. [REDACTED]	13. WT. [REDACTED]		
	14. DATE OF APPT. [REDACTED]	15. EMPLOYEE NO. [REDACTED]	16. UNIT & BEAT OF ASSIGNMENT 044 4355H	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No					
	20. LAST NAME [REDACTED]	21. FIRST NAME [REDACTED]	22. M.I. T	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE BLK	25. D.O.B. [REDACTED]	26. HT. [REDACTED]	27. WT. [REDACTED]			
	DNA [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	603	185			
	28. ADDRESS [REDACTED]	29. TELEPHONE NO. [REDACTED]	30. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No						
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? [REDACTED]	34. BY WHOM? [REDACTED]	35. CONDITION <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized	36. APPARENTLY NORMAL? <input type="checkbox"/> 01 Apparently Normal	37. CB NO. [REDACTED]	IR NO. [REDACTED]	DNA [REDACTED]				
	38. REASON FOR USE OF FORCE (Check all that apply)	PASSIVE RESISTER		ACTIVE RESISTER		ASSAULTANT: ASSAULT		ASSAULTANT: BATTERY		ASSAULTANT: DEADLY FORCE	
	WEAPON DISCHARGE INCIDENT	SUBJECT'S ACTIONS	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>	FLED <input type="checkbox"/>	IMMINENT THREAT OF BATTERY <input type="checkbox"/>	ATTACK WITH WEAPON <input type="checkbox"/>	USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/>				
		STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/>	PULLED AWAY <input checked="" type="checkbox"/>	OTHER _____	ATTACK WITHOUT WEAPON <input type="checkbox"/>	WEAPON <input type="checkbox"/>					
OTHER _____		OTHER _____	OTHER _____	OTHER _____	OTHER _____						
MEMBER'S RESPONSE		MEMBER PRESENCE <input checked="" type="checkbox"/>	OPEN HAND STRIKE <input checked="" type="checkbox"/>	ELBOW STRIKE <input type="checkbox"/>	KNEE STRIKE <input type="checkbox"/>	FIREARM <input type="checkbox"/>					
VERBAL COMMANDS <input checked="" type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/>	CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>	KICKS <input type="checkbox"/>	OTHER _____						
ESCORT HOLDS <input type="checkbox"/>		OC CHEMICAL WEAPON <input type="checkbox"/>	IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>	IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>	IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>						
WRISTLOCK <input type="checkbox"/>		CANINE <input type="checkbox"/>	OTHER _____	OTHER _____	OTHER _____						
ARMBAR <input type="checkbox"/>		TASER (Probe Discharge) <input type="checkbox"/>	IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>	IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>	IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>						
PRESSURE SENSITIVE AREAS <input type="checkbox"/>		TASER (Contact Stun) <input type="checkbox"/>	OTHER _____	OTHER _____	OTHER _____						
CONTROL INSTRUMENT <input type="checkbox"/>		TASER (Laser Targeted) <input type="checkbox"/>	OTHER _____	OTHER _____	OTHER _____						
OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>	TASER (Spark Displayed) <input type="checkbox"/>	OTHER _____	OTHER _____	OTHER _____							
OTHER _____	OTHER _____	OTHER _____	OTHER _____	OTHER _____							
39. DNA	40. ADDITIONAL INFORMATION										
POSITION [REDACTED]	STAR NO. [REDACTED]	UNIT [REDACTED]									
41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER	42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors	43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial	44. WEATHER CONDITIONS CLEAR								
45. MAKE/MANUFACTURER [REDACTED]	46. MODEL [REDACTED]	47. BARREL LENGTH [REDACTED]	48. CALIBER/GAUGE [REDACTED]								
49. TASER DART ID NO. [REDACTED]	50. WEAPON SERIAL NO. (Include Letters) [REDACTED]	51. CHICAGO GUN REG. NO. [REDACTED]	52. IL FIREARM OWNER ID. NO. [REDACTED]	53. HANDGUN CERTIFICATE NO. [REDACTED]							
54. SPECIAL WEAPON CERTIFICATE NO. [REDACTED]	55. PROPERTY INVENTORY NO. [REDACTED]	56. TYPE OF AMMUNITION USED [REDACTED]	57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. [REDACTED]	58. TOTAL NO. OF SHOTS MEMBER FIRED [REDACTED]							
59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input checked="" type="checkbox"/> 02 OFFENDER	60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO	61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED [REDACTED]	62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input checked="" type="checkbox"/> 02 LT. SIDE (WAIST)	63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input checked="" type="checkbox"/> 02 CROSS DRAW							
64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD [REDACTED]	65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO										
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) [REDACTED]	67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 5 FT. <input type="checkbox"/> 02 5 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.										
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN	69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) [REDACTED]										
70. EVENT ON [REDACTED]	71. RD. ON [REDACTED]										
72. CASE INFO.	NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT.& W.C./DIST. OF OCCUR. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT.& W.C./DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.										
SIGNATURES	73. REPORTING MEMBER (Print Name) PICICCO, LUIGI 03-MAR-2014 23:49:52		STAR/EMPLOYEE NO. 6896	SIGNATURE [REDACTED]							
	Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.										
	74. REVIEWING SUPERVISOR (Print Name) TALIAFERRO, CHRISTOPH		STAR NO. 938	SIGNATURE [REDACTED]	DATE REVIEWED 03-MAR-2014 23:59:48	TIME [REDACTED]					

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING: 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

DNA

REFUSED

UNABLE TO INTERVIEW (Specify Reason)

Subject was totally confused as to where he was or what had just happened. He only responded to questions by asking What? Where? Why? Subject was extremely high and was not aware of what had happened at the gas station.

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

The Officer was within Department Guidelines on the Use of Force.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. _____ OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

PLATT, MARY E

SIGNATURE

DATE COMPLETED

TIME

04-MAR-2014 00:13:05

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:

- | | | | |
|--------------------------|------------------------|--------------------------|---|
| <input type="checkbox"/> | SUPPLEMENTARY REPORT | <input type="checkbox"/> | I.O.D. REPORT |
| <input type="checkbox"/> | CASE REPORT | <input type="checkbox"/> | CR INITIATION REPORT |
| <input type="checkbox"/> | OFFICER BATTERY REPORT | | |
| <input type="checkbox"/> | ARREST REPORT | <input type="checkbox"/> | TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES) |

80. TOTAL TRR's THIS EVENT No.

3

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED SUBJECT INFORMATION REASON FOR USE OF FORCE (Check all that apply)	1. DATE OF INCIDENT	TIME 22:18:00	2. ADDRESS OF OCCURRENCE	3. LOCATION CODE 220	4. BEAT/OCCUR 1531				
	5. POSITION 9161	6. LAST NAME RITCHIEY	7. FIRST NAME MARK R	8. STAR NO. 14979	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE WHI	11. AGE 509	12. HT. 175	13. WT.
	14. DATE OF APPT.	15. EMPLOYEE NO. 044	16. UNIT & BEAT OF ASSIGNMENT 4355I	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No			
	DNA	20. LAST NAME OUSLEY	21. FIRST NAME GREGORY	22. M.I. T	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE BLK	25. D.O.B. [REDACTED]	26. HT. 603	27. WT. 185
		28. ADDRESS	29. TELEPHONE NO.	30. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No			
		33. WHERE WAS MEDICAL TREATMENT OBTAINED?	34. BY WHOM?	35. CONDITION <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 04 Not Hospitalized	36. CHARGES PLACED	DNA	37. CB NO. [REDACTED]	IR NO. [REDACTED]	DNA
		PASSIVE RESISTER SUBJECT'S ACTIONS DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/> OTHER _____	ACTIVE RESISTER MEMBER'S RESPONSE MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input checked="" type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER _____	ASSAULTANT:ASSAULT OPEN HAND STRIKE <input checked="" type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Laser Targeted) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____	ASSAULTANT:BATTERY IMMINENT THREAT OF BATTERY <input type="checkbox"/> OTHER _____	ASSAULTANT:DEADLY FORCE ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____	USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____		
		39. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) <input checked="" type="checkbox"/>	40. ADDITIONAL INFORMATION						
	WEAPON DISCHARGE INCIDENT	POSITION	STAR NO.	UNIT	41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER	42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors	43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial	44. WEATHER CONDITIONS CLEAR	
		45. MAKE/MANUFACTURER	46. MODEL	47. BARREL LENGTH	48. CALIBER/GAUGE				
	49. TASER DART ID NO.	50. WEAPON SERIAL NO. (Include Letters)	51. CHICAGO GUN REG. NO.	52. IL FIREARM OWNER ID. NO.	53. HANDGUN CERTIFICATE NO.				
	54. SPECIAL WEAPON CERTIFICATE NO.	55. PROPERTY INVENTORY NO.	56. TYPE OF AMMUNITION USED	57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER.	58. TOTAL NO. OF SHOTS MEMBER FIRED				
	59. WHO FIRED FIRST SHOT <input type="checkbox"/> 03 OTHER (SPECIFY) <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER	60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	61. NO OF CARTRIDGES/SHOT SHELLS RELOADED	62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 03 OTHER (Specify) <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)					
	63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 03 OTHER (Specify) <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW	64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO					
	66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)	67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 5 FT. <input type="checkbox"/> 02 5 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.							
	68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN	69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)							
72. CASE INFO.	NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT.& W.C./DIST. OF OCCUR. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT.& W.C./DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.								
SIGNATURES	73. REPORTING MEMBER (Print Name) RITCHIEY, MARK R 03-MAR-2014 23:45:33	STAR/EMPLOYEE NO. 14979	SIGNATURE [REDACTED]	74. REVIEWING SUPERVISOR (Print Name) TALIAFERRO, CHRISTOPH	STAR NO. 938	SIGNATURE [REDACTED]	DATE REVIEWED 04-MAR-2014 00:00:47	TIME 00:00:47	

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING: 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE DNA REFUSED UNABLE TO INTERVIEW (Specify Reason)

Subject was totally confused as to where he was or what had just happened. He only responded to questions by asking What? Where? Why? Subject was extremely high and was not aware of what had happened at the gas station.

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

The Officer was within Department Guidelines on the Use of Force.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. _____ OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

PLATT, MARY E

SIGNATURE

DATE COMPLETED

TIME

04-MAR-2014 00:13:38

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:

- | | | | |
|--|----------------------|--------------------------|------------------------|
| <input type="checkbox"/> | SUPPLEMENTARY REPORT | <input type="checkbox"/> | I.O.D. REPORT |
| <input type="checkbox"/> | CASE REPORT | <input type="checkbox"/> | OFFICER BATTERY REPORT |
| <input type="checkbox"/> | ARREST REPORT | <input type="checkbox"/> | CR INITIATION REPORT |
| <input type="checkbox"/> TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES) | | | |

80. TOTAL TRR's THIS EVENT No.

3

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED <input type="checkbox"/> DNA	1. DATE OF INCIDENT	TIME 00:15:00	2. ADDRESS OF OCCURRENCE	3. LOCATION CODE 280	4. BEAT/OCCUR 2515			
	5. POSITION 9161	6. LAST NAME KIERES	7. FIRST NAME GEOFFREY L	8. STAR NO. 16773	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE WHI	11. AGE 1	12. HT. 510
SUBJECT INFORMATION <input type="checkbox"/> DNA	14. DATE OF APPT. 15-MAR-2013	15. EMPLOYEE NO.	16. UNIT & BEAT OF ASSIGNMENT 044 4355M	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		
	20. LAST NAME	21. FIRST NAME	22. M.I.	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE BLK	25. D.O.B.	26. HT. 603	27. WT. 185
REASON FOR USE OF FORCE (Check all that apply) <input type="checkbox"/> DNA	28. ADDRESS 5125 W CRYSTAL ST CHICAGO, IL 60651	29. TELEPHONE NO.	30. WAS SUBJECT ARMED/VERBAL THREAT (ASSAULT), MOUTH (SPIT, BITE, ETC), FEET, <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No			
	33. WHERE WAS MEDICAL TREATMENT OBTAINED?	34. BY WHOM?	35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 03 Hospitalized <input checked="" type="checkbox"/> 04 Not Hospitalized	36. CHARGES PLACED <input type="checkbox"/> DNA	37. CB NO. IR NO. <input type="checkbox"/> DNA			
WEAPON DISCHARGE INCIDENT <input checked="" type="checkbox"/> DNA	38. SUBJECT'S ACTIONS		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE	
	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>	FLED <input type="checkbox"/>	IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>	ATTACK WITH WEAPON <input type="checkbox"/>	USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/>			
STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/>	PULLED AWAY <input checked="" type="checkbox"/>	OTHER _____	ATTACK WITHOUT WEAPON <input checked="" type="checkbox"/>	WEAPON <input type="checkbox"/>				
OTHER _____	OTHER _____	OTHER _____	OTHER _____	OTHER _____				
WEAPONS USED <input type="checkbox"/> DNA	39. MEMBERS RESPONSE		40. ADDITIONAL INFORMATION					
	MEMBER PRESENCE <input checked="" type="checkbox"/>	OPEN HAND STRIKE <input checked="" type="checkbox"/>	ELBOW STRIKE <input type="checkbox"/>	KNEE STRIKE <input checked="" type="checkbox"/>	FIREARM <input type="checkbox"/>			
VERBAL COMMANDS <input checked="" type="checkbox"/>	TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/>	CLOSED HAND STRIKE/PUNCH <input checked="" type="checkbox"/>	KICKS <input type="checkbox"/>	OTHER _____				
ESCORT HOLDS <input checked="" type="checkbox"/>	OC CHEMICAL WEAPON <input type="checkbox"/>	IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>	IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>					
WRISTLOCK <input checked="" type="checkbox"/>	CANINE <input type="checkbox"/>	OTHER _____						
ARMBAR <input checked="" type="checkbox"/>	TASER (Probe Discharge) <input type="checkbox"/>							
PRESSURE SENSITIVE AREAS <input type="checkbox"/>	TASER (Contact Stun) <input type="checkbox"/>							
CONTROL INSTRUMENT <input type="checkbox"/>	TASER (Laser Targeted) <input type="checkbox"/>							
OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>	TASER (Spark Displayed) <input type="checkbox"/>							
OTHER _____	OTHER _____							
41. WEAPON TYPE	<input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN	<input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER	42. INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors	43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial	44. WEATHER CONDITIONS <input checked="" type="checkbox"/> CLEAR			
45. MAKE/MANUFACTURER	46. MODEL	47. BARREL LENGTH	48. CALIBER/GAUGE					
49. TASER DART ID NO.	50. WEAPON SERIAL NO. (Include Letters)	51. CHICAGO GUN REG. NO.	52. IL FIREARM OWNER ID. NO.	53. HANDGUN CERTIFICATE NO.				
54. SPECIAL WEAPON CERTIFICATE NO.	55. PROPERTY INVENTORY NO.	56. TYPE OF AMMUNITION USED	57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER.	58. TOTAL NO. OF SHOTS MEMBER FIRED				
59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input checked="" type="checkbox"/> 02 OFFENDER	60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO	61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED	62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input checked="" type="checkbox"/> 02 LT. SIDE (WAIST)	63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input checked="" type="checkbox"/> 02 CROSS DRAW				
64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD	65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO							
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)	67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 5 FT. <input type="checkbox"/> 02 5 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.							
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN	69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)							
72. CASE INFO.	NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT.& W.C./DIST. OF OCCUR. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT.& W.C./DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.							
SIGNATURES	73. REPORTING MEMBER (Print Name) KIERES, GEOFFREY L 04-MAR-2014 01:03:38	STAR/EMPLOYEE NO. 16773	SIGNATURE	74. REVIEWING SUPERVISOR (Print Name) OSEGUERA, ALBERT J	STAR NO. 2204	SIGNATURE	DATE REVIEWED 04-MAR-2014	TIME 02:04:16

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING; 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

DNA

REFUSED

UNABLE TO INTERVIEW (Specify Reason)

Subject repeatedly yelled "fuck you" and "I didn't do nuthin" when asked a question.

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

The Officer was within Department Guidelines on the Use of Force.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS
WERE IN COMPLIANCE WITH DEPARTMENT
PROCEDURES AND DIRECTIVES.

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. _____ OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

PLATT, MARY E

SIGNATURE

DATE COMPLETED

TIME

04-MAR-2014 02:28:43

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:

- | | |
|--|--|
| <input type="checkbox"/> CASE REPORT | <input type="checkbox"/> SUPPLEMENTARY REPORT |
| <input type="checkbox"/> ARREST REPORT | <input checked="" type="checkbox"/> OFFICER BATTERY REPORT |
| | <input type="checkbox"/> TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES) |

- | |
|---|
| <input type="checkbox"/> I.O.D. REPORT |
| <input type="checkbox"/> CR INITIATION REPORT |

80. TOTAL TRR's THIS EVENT No.

5

OFFICER'S BATTERY REPORT
CHICAGO POLICE DEPARTMENT

INSTRUCTIONS: This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

"X APPLICABLE BOXES"

OFFICER INFORMATION		INCIDENT INFORMATION	
NAME (LAST - FIRST - M.I.) KIERES, GEOFFREY L		<input checked="" type="checkbox"/> 1. INDOOR <input type="checkbox"/> 2. OUTDOOR	
STAR NO. 16773	POSITION POLICE OFFICER	ADDRESS OF OCCURRENCE 5555 W GRAND AVE	
DATE OF APPOINTMENT [REDACTED]	EMPLOYEE NO. [REDACTED]	CITY <input checked="" type="checkbox"/> CHICAGO	STATE (If outside Chicago)
UNIT OF ASSIGNMENT 413	BEAT/CALL NO. 4355M	LOCATION CODE 280-POLICE FACILITY/VEH PARKING	BEAT OF OCCURRENCE 2515
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE WHITE	DOB [REDACTED]	DATE OF OCCURRENCE [REDACTED] TIME 00:15:00 DAY OF WEEK TUESDAY
HEIGHT 510	WEIGHT 220	NO. OF OFFICERS BATTERED <u>4</u>	
WERE THERE ASSISTING UNITS ON SCENE? 1. <input checked="" type="checkbox"/> YES 2. <input type="checkbox"/> NO			
IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS)? <u>2</u>			
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED			
X 1. ON DUTY <ul style="list-style-type: none"> <input checked="" type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY <p>Describe _____</p> <ul style="list-style-type: none"> <input type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____ 		WORKING: <ul style="list-style-type: none"> <input type="checkbox"/> A. ALONE <input type="checkbox"/> B. WITH ONE PARTNER <input checked="" type="checkbox"/> C. WITH MULTIPLE PARTNERS <p>How many? <u>2</u></p> PATROL TYPE: <ul style="list-style-type: none"> <input type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input checked="" type="checkbox"/> F. OTHER PROCESSING PRISONER 	
X 2. OFF DUTY			
X 3. SPECIAL EMPLOYMENT			
X 4. SECONDARY / OTHER			
TYPE OF ACTIVITY			
<ul style="list-style-type: none"> <input type="checkbox"/> A. AMBUSH -NO WARNING <input type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input type="checkbox"/> D. DISTURBANCE - DOMESTIC <input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input type="checkbox"/> G. DISTURBANCE - OTHER <input type="checkbox"/> H. MAN WITH A GUN <input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____ IUCR CODE _____ 			
X J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify)			
ORIGINAL CHARGE <u>720 ILCS 5.0/21-3-A-2- CRIMINAL TRESPASS TO LAND</u>		ORIGINAL IUCR CODE <u>CRIMINAL TRESPASS - TO LAND</u>	
X K. OTHER			
TYPE OF INJURY TO OFFICER			
<ul style="list-style-type: none"> <input type="checkbox"/> A. FATAL <input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/ Internal Injuries) <input checked="" type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input type="checkbox"/> D. NONE APPARENT/NONE 		WAS THE OFFENDER'S ACTIVITY: DRUG RELATED? <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN NO. OF OFFENDERS PRESENT? <u>1</u>	
		GANG RELATED? <ul style="list-style-type: none"> <input type="checkbox"/> 1. YES <input checked="" type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN 	
LIGHTING CONDITIONS AT INCIDENT			
<ul style="list-style-type: none"> <input type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> B. NIGHT <input type="checkbox"/> C. DAWN 		<ul style="list-style-type: none"> <input type="checkbox"/> D. DUSK <input checked="" type="checkbox"/> E. ARTIFICIAL LIGHT <ul style="list-style-type: none"> <input type="checkbox"/> 1. POOR <input checked="" type="checkbox"/> 2. GOOD 	
		WEATHER CONDITIONS <ul style="list-style-type: none"> <input checked="" type="checkbox"/> A. CLEAR <input type="checkbox"/> B. RAIN <input type="checkbox"/> C. SNOW <input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> E. SLEET / HAIL <input type="checkbox"/> F. SEVERE CROSS WIND 	
APPROXIMATE OUTDOOR TEMPERATURE: <u>12 °F</u>			

Unusual Circumstances Regarding Officer Control Tactics and Safety: (If you need more space use additional sheets).

REPORTING MEMBER - SIGNATURE
KIERES, GEOFFREY L

STAR NO.
16773

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.
PLATT, MARY E

577

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED SUBJECT INFORMATION REASON FOR USE OF FORCE (Check all that apply)	1. DATE OF INCIDENT 04-MAR-2014	TIME 00:15:00	2. ADDRESS OF OCCURRENCE [REDACTED]				3. LOCATION CODE 280	4. BEAT/OCCUR 2515			
	5. POSITION 9161	6. LAST NAME PICICCO	7. FIRST NAME LUIGI	8. STAR NO. 6896	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE WHI	11. AGE [REDACTED]	12. HT. 600	13. WT. 205		
	14. DATE OF APPT. 14-DEC-2012	15. EMPLOYEE NO. [REDACTED]	16. UNIT & BEAT OF ASSIGNMENT 044 4355H	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	18. MEMBER INJURED? [REDACTED]	19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No					
	DNA	20. LAST NAME [REDACTED]	21. FIRST NAME [REDACTED]	22. M.I. T	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE BLK	25. D.O.B. [REDACTED]	26. HT. 603	27. WT. 185		
	28. ADDRESS 5125 W CRYSTAL ST CHICAGO, IL 60651	29. TELEPHONE NO. [REDACTED]	30. WAS SUBJECT ARMED/VERBAL THREAT (ASSAULT), MOUTH (SPIT,BITE,ETC), FEET, <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No						
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? [REDACTED]	34. BY WHOM? [REDACTED]	35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 03 Hospitalized <input checked="" type="checkbox"/> 04 Not Hospitalized	36. CHARGES PLACED [REDACTED]	37. CB NO. [REDACTED]	IR NO. [REDACTED]	DNA	DNA			
	38. DNA	SUBJECT'S ACTIONS		PASSIVE RESISTER DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/> OTHER _____	ACTIVE RESISTER FLED PULLED AWAY OTHER _____	ASSAILANT:ASSAULT IMMINENT THREAT OF BATTERY OTHER _____	ASSAILANT:BATTERY ATTACK WITH WEAPON ATTACK WITHOUT WEAPON OTHER _____	ASSAILANT:DEADLY FORCE USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM WEAPON OTHER _____			
	39. DNA	MEMBERS RESPONSE		MEMBER PRESENCE VERBAL COMMANDS ESCORT HOLDS WRISTLOCK ARMBAR PRESSURE SENSITIVE AREAS CONTROL INSTRUMENT OC/CHEMICAL WEAPON W/AUTHORIZATION OTHER _____	OPEN HAND STRIKE TAKE DOWN / EMERGENCY HANDCUFFING OC CHEMICAL WEAPON CANINE TASER (Probe Discharge) TASER (Contact Stun) TASER (Laser Targeted) TASER (Spark Displayed) OTHER _____	ELBOW STRIKE CLOSED HAND STRIKE/PUNCH IMPACT WEAPON (Describe in Box 40) OTHER _____	KNEE STRIKE KICKS IMPACT MUNITION (Describe in Box 40) OTHER _____	FIREARM OTHER _____			
	WEAPON DISCHARGE INCIDENT	40. ADDITIONAL INFORMATION		41. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) [REDACTED]							
	70. EVENT NO.	POSITION	STAR NO.	UNIT	42. INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors	43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial	44. WEATHER CONDITIONS CLEAR	45. MAKE/MANUFACTURER [REDACTED]	46. MODEL [REDACTED]	47. BARREL LENGTH [REDACTED]	48. CALIBER/GAUGE [REDACTED]
71. I.D. NO.	49. TASER DART ID NO. [REDACTED]	50. WEAPON SERIAL NO. (Include Letters) [REDACTED]	51. CHICAGO GUN REG. NO. [REDACTED]	52. IL FIREARM OWNER ID. NO. [REDACTED]	53. HANDGUN CERTIFICATE NO. [REDACTED]						
54. SPECIAL WEAPON CERTIFICATE NO. [REDACTED]	55. PROPERTY INVENTORY NO. [REDACTED]	56. TYPE OF AMMUNITION USED [REDACTED]	57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. [REDACTED]	58. TOTAL NO. OF SHOTS MEMBER FIRED [REDACTED]							
59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input checked="" type="checkbox"/> 02 OFFENDER	60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO	61. NO OF CARTRIDGES/SHOT SHELLS RELOADED [REDACTED]	62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input checked="" type="checkbox"/> 02 LT. SIDE (WAIST)	63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input checked="" type="checkbox"/> 02 CROSS DRAW	64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD [REDACTED]	65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO	66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) [REDACTED]	67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 5 FT. <input type="checkbox"/> 02 5 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.	68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN	69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) [REDACTED]	
72. CASE INFO.	NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT.& W.C./DIST. OF OCCUR. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT.& W.C./DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.										
SIGNATURES	73. REPORTING MEMBER (Print Name) PICICCO, LUIGI 04-MAR-2014 01:03:46		STAR/EMPLOYEE NO. 6896	SIGNATURE [REDACTED]							
	Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.										
	74. REVIEWING SUPERVISOR (Print Name) OSEGUERA, ALBERT J		STAR NO. 2204	SIGNATURE [REDACTED]	DATE REVIEWED 04-MAR-2014	TIME 02:05:08					

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING; 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

DNA

REFUSED

UNABLE TO INTERVIEW (Specify Reason)

Subject repeatedly yelled "fuck you" and "I didn't do nuthin" when asked a question.

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

The Officer was within Department Guidelines on the Use of Force.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. _____ OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

PLATT, MARY E

SIGNATURE

DATE COMPLETED

04-MAR-2014 02:29:19

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:

- | | | |
|--|--|---|
| <input type="checkbox"/> CASE REPORT | <input type="checkbox"/> SUPPLEMENTARY REPORT | <input type="checkbox"/> I.O.D. REPORT |
| <input type="checkbox"/> ARREST REPORT | <input checked="" type="checkbox"/> OFFICER BATTERY REPORT | <input type="checkbox"/> CR INITIATION REPORT |
| | <input type="checkbox"/> TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES) | |

80. TOTAL TRR's THIS EVENT No.

5

OFFICER'S BATTERY REPORT
CHICAGO POLICE DEPARTMENT

INSTRUCTIONS: This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

"X APPLICABLE BOXES"

OFFICER INFORMATION		INCIDENT INFORMATION	
NAME (LAST - FIRST - M.I.) PICICCO, LUIGI		<input checked="" type="checkbox"/> 1. INDOOR <input type="checkbox"/> 2. OUTDOOR	
STAR NO. 6896	POSITION POLICE OFFICER	ADDRESS OF OCCURRENCE 5555 W GRAND AVE	
DATE OF APPOINTMENT [REDACTED]	EMPLOYEE NO. [REDACTED]	CITY <input checked="" type="checkbox"/> CHICAGO	STATE (If outside Chicago) [REDACTED]
UNIT OF ASSIGNMENT 413	BEAT/CALL NO. 4355H	LOCATION CODE 280-POLICE FACILITY/VEH PARKING	BEAT OF OCCURRENCE 2515
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE WHITE	DOB [REDACTED]	DATE OF OCCURRENCE TIME [REDACTED] 00:15:00
HEIGHT 600	WEIGHT 205	DAY OF WEEK TUESDAY	
NO. OF OFFICERS BATTERED <u>4</u>			
WERE THERE ASSISTING UNITS ON SCENE? 1. <input checked="" type="checkbox"/> YES 2. <input type="checkbox"/> NO			
IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS)? <u>2</u>			
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED			
<input checked="" type="checkbox"/> 1. ON DUTY <input type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____ <input type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____		WORKING: <input type="checkbox"/> A. ALONE <input type="checkbox"/> B. WITH ONE PARTNER <input checked="" type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? <u>2</u> PATROL TYPE: <input type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input checked="" type="checkbox"/> F. OTHER PROCESSING PRISONER	
<input type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER			
MANNER OF ATTACK			
<input type="checkbox"/> 01. SHOT <input type="checkbox"/> 02. SHOT AT <input type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS)			
TYPE OF WEAPON/THREAT			
(Check all that apply): <input type="checkbox"/> A. FIREARM CALIBER <hr/> <input type="checkbox"/> 1. REVOLVER <input type="checkbox"/> 2. SEMI-AUTOMATIC <input type="checkbox"/> 3. RIFLE <input type="checkbox"/> 4. SHOTGUN <hr/> <input type="checkbox"/> B. VEHICLE <input type="checkbox"/> 1. OFFICER STRUCK WITH VEHICLE <input type="checkbox"/> 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE <hr/> <input type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> I. BLUNT INSTRUMENT			
(Check all that apply): <input type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON			
OFFENDER INFORMATION			
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE BLACK	DOB [REDACTED]	IR NO. [REDACTED]
CB NO. [REDACTED]			
WAS THE OFFENDER'S ACTIVITY: DRUG RELATED? <input checked="" type="checkbox"/> 1. YES <input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO <input checked="" type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN <input type="checkbox"/> 3. UNKNOWN			
GANG RELATED? <input checked="" type="checkbox"/> 1. YES <input checked="" type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN			
NO. OF OFFENDERS PRESENT? <u>1</u>			
TYPE OF INJURY TO OFFICER		WEATHER CONDITIONS	
<input type="checkbox"/> A. FATAL <input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/ Internal Injuries) <input checked="" type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input type="checkbox"/> D. NONE APPARENT/NONE		LIGHTING CONDITIONS AT INCIDENT WEATHER CONDITIONS <input type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> D. DUSK <input type="checkbox"/> B. NIGHT <input checked="" type="checkbox"/> E. ARTIFICIAL LIGHT <input type="checkbox"/> C. DAWN <input type="checkbox"/> 1. POOR <input checked="" type="checkbox"/> 2. GOOD	
		<input checked="" type="checkbox"/> A. CLEAR <input type="checkbox"/> B. RAIN <input type="checkbox"/> C. SNOW	
		<input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> G. OTHER <input type="checkbox"/> E. SLEET / HAIL <input type="checkbox"/> F. SEVERE CROSS WIND	
APPROXIMATE OUTDOOR TEMPERATURE: <u>12°F</u>			

Unusual Circumstances Regarding Officer Control Tactics and Safety: (If you need more space use additional sheets).

REPORTING MEMBER - SIGNATURE
PICICCO, LUIGI

STAR NO.
6896

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.
PLATT, MARY E

577

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED SUBJECT INFORMATION REASON FOR USE OF FORCE (Check all that apply)	1. DATE OF INCIDENT 04-MAR-2014	TIME 00:15:00	2. ADDRESS OF OCCURRENCE				3. LOCATION CODE 280	4. BEAT/OCCUR 2515	
	5. POSITION 9161	6. LAST NAME RITCHIEY	7. FIRST NAME MARK R	8. STAR NO. 14979	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE WHI	11. AGE 509	12. HT. 175	
	14. DATE OF APPT. 14-DEC-2012	15. EMPLOYEE NO. 111988	16. UNIT & BEAT OF ASSIGNMENT 044 43551	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No			
	20. LAST NAME	21. FIRST NAME	22. M.I.	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE BLK	25. D.O.B.	26. HT. 603	27. WT. 185	
	28. ADDRESS 5125 W CRYSTAL ST CHICAGO, IL 60651		29. TELEPHONE NO.	30. WAS SUBJECT ARMED?/VERBAL THREAT (ASSAULT), MOUTH (SPIT,BITE,ETC), FEET,		31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Under Influence <input type="checkbox"/> 02 Refused Medical Aid		
	33. WHERE WAS MEDICAL TREATMENT OBTAINED?			34. BY WHOM?	35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized				
	36. CHARGES PLACED					<input type="checkbox"/> DNA	37. CB NO.	IR NO.	
						<input type="checkbox"/> DNA			
	38. <input type="checkbox"/> DNA WEAPON DISCHARGE INCIDENT CASE INFO. SIGNATURES	SUBJECTS ACTIONS		PASSIVE RESISTER	ACTIVE RESISTER	ASSAILANT:ASSAULT	ASSAILANT:BATTERY	ASSAILANT:DEADLY FORCE	
		DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>	STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/>	FLED	<input checked="" type="checkbox"/>	IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>	ATTACK WITH WEAPON <input type="checkbox"/>	USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/>	
OTHER _____		OTHER _____	PULLED AWAY	<input checked="" type="checkbox"/>	OTHER _____	ATTACK WITHOUT WEAPON <input checked="" type="checkbox"/>	WEAPON <input type="checkbox"/>		
MEMBERS RESPONSE		MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input checked="" type="checkbox"/> WRISTLOCK <input checked="" type="checkbox"/> ARMBAR <input checked="" type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER _____	OPEN HAND STRIKE <input checked="" type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Laser Targeted) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____	ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input checked="" type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER _____	KNEE STRIKE <input checked="" type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> OTHER _____	FIREARM <input type="checkbox"/> OTHER _____			
40. ADDITIONAL INFORMATION									
41. POSITION		STAR NO.	UNIT	42. INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors	43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial	44. WEATHER CONDITIONS CLEAR			
45. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN		04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER <input type="checkbox"/>	46. MAKE/MANUFACTURER	47. MODEL	48. BARREL LENGTH	49. CALIBER/GAUGE			
50. TASER DART ID NO.		51. WEAPON SERIAL NO. (Include Letters)	52. CHICAGO GUN REG. NO.	53. IL FIREARM OWNER ID. NO.	54. SPECIAL WEAPON CERTIFICATE NO.	55. PROPERTY INVENTORY NO.	56. TYPE OF AMMUNITION USED	57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER.	58. TOTAL NO. OF SHOTS MEMBER FIRED
59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input checked="" type="checkbox"/> 02 OFFENDER		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	61. NO OF CARTRIDGES/ SHOT SHELLS RELOADED <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)	62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 03 OTHER (Specify)	63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input checked="" type="checkbox"/> 02 CROSS DRAW	64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD	65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.							
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN	69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)								
70. REVIEWING SUPERVISOR WILL ENSURE THAT ALL REQUIRED NOTIFICATIONS AND ALL WITNESSES TO THIS USE OF FORCE ARE DOCUMENTED IN THE APPROPRIATE CASE REPORT.									
71. R/D. NO.				72. CASE INFO.					
73. REPORTING MEMBER (Print Name) RITCHIEY, MARK R 04-MAR-2014 01:03:45				STAR/EMPLOYEE NO. 14979	SIGNATURE	DATE REVIEWED 04-MAR-2014 02:05:45	TIME		
Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.									
74. REVIEWING SUPERVISOR (Print Name) OSEGUEIRA, ALBERT J				STAR NO. 2204	SIGNATURE				

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING: 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

DNA

REFUSED

UNABLE TO INTERVIEW (Specify Reason)

Subject repeatedly yelled "fuck you" and "I didn't do nuthin" when asked a question.

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

The Officer was within Department Guidelines on the Use of Force.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. _____ OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

PLATT, MARY E

SIGNATURE

DATE COMPLETED

TIME

04-MAR-2014 02:29:47

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:

- | | | |
|--|--|--|
| <input type="checkbox"/> CASE REPORT | <input checked="" type="checkbox"/> OFFICER BATTERY REPORT | <input type="checkbox"/> TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES) |
| <input type="checkbox"/> ARREST REPORT | <input type="checkbox"/> SUPPLEMENTARY REPORT | <input type="checkbox"/> I.O.D. REPORT |
| | | <input type="checkbox"/> CR INITIATION REPORT |

80. TOTAL TRR's THIS EVENT No.

5

OFFICER'S BATTERY REPORT
CHICAGO POLICE DEPARTMENT

INSTRUCTIONS: This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

"X APPLICABLE BOXES"

OFFICER INFORMATION		INCIDENT INFORMATION	
NAME (LAST - FIRST - M.I.) RITCHIE, MARK R		<input checked="" type="checkbox"/> 1. INDOOR <input type="checkbox"/> 2. OUTDOOR	
STAR NO. 14979	POSITION POLICE OFFICER	ADDRESS OF OCCURRENCE [REDACTED]	
DATE OF APPOINTMENT [REDACTED]	EMPLOYEE NO. [REDACTED]	CITY <input checked="" type="checkbox"/> CHICAGO	STATE (If outside Chicago) [REDACTED]
UNIT OF ASSIGNMENT 413	BEAT/CALL NO. 43551	LOCATION CODE 280-POLICE FACILITY/VEH PARKING	BEAT OF OCCURRENCE 2515
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE WHITE	DATE OF OCCURRENCE 04-MAR-2014	TIME 00:15:00
HEIGHT 509	WEIGHT 175	DAY OF WEEK TUESDAY	
NO. OF OFFICERS BATTERED <u>4</u>			
WERE THERE ASSISTING UNITS ON SCENE? 1. <input checked="" type="checkbox"/> YES 2. <input type="checkbox"/> NO			
IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS)? <u>2</u>			
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED			
<input checked="" type="checkbox"/> 1. ON DUTY <input checked="" type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____ <input type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____		WORKING: <input type="checkbox"/> A. ALONE <input type="checkbox"/> B. WITH ONE PARTNER <input checked="" type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? <u>2</u> PATROL TYPE: <input type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input checked="" type="checkbox"/> F. OTHER PROCESSING PRISONER	
<input type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER			
MANNER OF ATTACK			
<input type="checkbox"/> 01. SHOT <input type="checkbox"/> 02. SHOT AT <input type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS)			
TYPE OF WEAPON/THREAT			
(Check all that apply): <input type="checkbox"/> A. FIREARM CALIBER <input type="checkbox"/> B. VEHICLE <input type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> D. HANDS/FISTS <input type="checkbox"/> E. FEET <input type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.) <input type="checkbox"/> G. VERBAL THREAT (ASSAULT) <input type="checkbox"/> H. OTHER (SPECIFY) _____			
TYPE OF ACTIVITY			
<input type="checkbox"/> A. AMBUSH -NO WARNING <input type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input type="checkbox"/> D. DISTURBANCE - DOMESTIC <input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input type="checkbox"/> G. DISTURBANCE - OTHER <input type="checkbox"/> H. MAN WITH A GUN <input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____ IUCR CODE _____			
<input checked="" type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE <u>720 ILCS 5.0/21-3-A-2-</u> ORIGINAL IUCR CODE <u>CRIMINAL CRIMINAL TRESPASS TO LAND</u> TRESPASS - TO LAND			
<input type="checkbox"/> K. OTHER			
FIREARM USE INFORMATION (Check all that apply):			
<input type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON			
OFFENDER INFORMATION			
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE BLACK	DOB [REDACTED]	IR NO. [REDACTED]
CB NO. [REDACTED]			
WAS THE OFFENDER'S ACTIVITY: DRUG RELATED?			
<input checked="" type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN			
GANG RELATED?			
<input checked="" type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN			
NO. OF OFFENDERS PRESENT? <u>1</u>			
TYPE OF INJURY TO OFFICER			
<input type="checkbox"/> A. FATAL <input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/ Internal Injuries) <input checked="" type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input type="checkbox"/> D. NONE APPARENT/NONE			
LIGHTING CONDITIONS AT INCIDENT			
<input type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> D. DUSK <input type="checkbox"/> B. NIGHT <input checked="" type="checkbox"/> E. ARTIFICIAL LIGHT <input type="checkbox"/> C. DAWN <input checked="" type="checkbox"/> 1. POOR <input checked="" type="checkbox"/> 2. GOOD		<input checked="" type="checkbox"/> A. CLEAR <input type="checkbox"/> B. RAIN <input type="checkbox"/> C. SNOW <input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> E. SLEET / HAIL <input type="checkbox"/> F. SEVERE CROSS WIND	
WEATHER CONDITIONS			
APPROXIMATE OUTDOOR TEMPERATURE: <u>12 °F</u>			

Unusual Circumstances Regarding Officer Control Tactics and Safety: (If you need more space use additional sheets).

REPORTING MEMBER - SIGNATURE
RITCHIEY, MARK R

STAR NO.
14979

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.
PLATT, MARY E **577**

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED DNA	1. DATE OF INCIDENT 04-MAR-2014		TIME 00:15:00	2. ADDRESS OF OCCURRENCE 5555 W GRAND AVE CHICAGO, IL 60639				3. LOCATION CODE 280	4. BEAT/OCCUR 2515		
	5. POSITION 9161	6. LAST NAME ROSALES	7. FIRST NAME ANTHONY B	8. STAR NO. 5516	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE API	11. AGE 509	12. HT. 178	13. WT. 509		
SUBJECT INFORMATION DNA	14. DATE OF APPT. [REDACTED]		15. EMPLOYEE NO. [REDACTED]	16. UNIT & BEAT OF ASSIGNMENT 025 2502	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No				
	20. LAST NAME OUSLEY		21. FIRST NAME GREGORY	22. M.I. T	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE BLK	25. D.O.B. [REDACTED]	26. HT. 603	27. WT. 185		
REASON FOR USE OF FORCE (Check all that apply) DNA	28. ADDRESS [REDACTED]		29. TELEPHONE NO. [REDACTED]	30. WAS SUBJECT ARMED? MOUTH (SPIT,BITE,ETC) <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No					
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? [REDACTED]		34. BY WHOM? [REDACTED]	35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Hospitalized <input checked="" type="checkbox"/> 03 Not Hospitalized	36. CHARGES PLACED [REDACTED]	<input type="checkbox"/> DNA	37. CB NO. [REDACTED]	IR NO. [REDACTED]	<input type="checkbox"/> DNA		
WEAPON DISCHARGE INCIDENT DNA	38. SUBJECT'S ACTIONS DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER _____		ASSAILANT:ASSAULT FLED <input type="checkbox"/> PULLED AWAY <input type="checkbox"/> OTHER _____		ASSAILANT:BATTERY IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER _____		ASSAILANT:DEADLY FORCE ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input checked="" type="checkbox"/> OTHER _____				
	MEMBER'S RESPONSE MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER _____		OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Laser Targeted) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____		ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER _____		KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> OTHER _____				
CASE INFO.	39. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) [REDACTED]			40. ADDITIONAL INFORMATION							
	POSITION [REDACTED]	STAR NO. [REDACTED]	UNIT [REDACTED]	41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER	42. INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors	43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial	44. WEATHER CONDITIONS OTHER				
SIGNATURES	49. TASER DART ID NO. [REDACTED]	50. WEAPON SERIAL NO. (Include Letters) [REDACTED]	51. CHICAGO GUN REG. NO. [REDACTED]	52. IL FIREARM OWNER ID. NO. [REDACTED]	53. HANDGUN CERTIFICATE NO. [REDACTED]						
	54. SPECIAL WEAPON CERTIFICATE NO. [REDACTED]	55. PROPERTY INVENTORY NO. [REDACTED]	56. TYPE OF AMMUNITION USED [REDACTED]	57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. [REDACTED]	58. TOTAL NO. OF SHOTS MEMBER FIRED [REDACTED]						
	59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER	60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	61. NO OF CATDRIDGES/SHOT SHELLS RELOADED [REDACTED]	62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 03 OTHER (Specify) <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)	63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW				64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD [REDACTED]	65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	
	66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) [REDACTED]			67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 010 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.							
	68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN			69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)							
	70. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT.& W.C./DIST. OF OCCUR. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT.& W.C./DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.										
	73. REPORTING MEMBER (Print Name) ROSALES, ANTHONY B 04-MAR-2014 02:17:29			STAR/EMPLOYEE NO. 5516	SIGNATURE [REDACTED]	74. REVIEWING SUPERVISOR (Print Name) OSEGUERA, ALBERT J 2204				SIGNATURE [REDACTED]	DATE REVIEWED 04-MAR-2014 02:18:17

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING: 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE	<input type="checkbox"/> DNA	<input type="checkbox"/> REFUSED	<input type="checkbox"/> UNABLE TO INTERVIEW (Specify Reason)
--	------------------------------	----------------------------------	---

Subject repeatedly yelled "fuck you" and "I didn't do nuthin" when asked a question.

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

The Officer was within Department Guidelines on the Use of Force.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO/JRNO _____ OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

PLATT, MARY E

SIGNATURE

DATE COMPLETED

TIME

04-MAR-2014 02:30:39

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:

- | | | |
|--|--|---|
| <input type="checkbox"/> CASE REPORT | <input checked="" type="checkbox"/> OFFICER BATTERY REPORT | <input type="checkbox"/> I.O.D. REPORT |
| <input type="checkbox"/> ARREST REPORT | <input type="checkbox"/> TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES) | <input type="checkbox"/> CR INITIATION REPORT |

80. TOTAL TRR's THIS EVENT No.

5

OFFICER'S BATTERY REPORT
CHICAGO POLICE DEPARTMENT

INSTRUCTIONS: This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

"X APPLICABLE BOXES"

OFFICER INFORMATION		INCIDENT INFORMATION	
NAME (LAST - FIRST - M.I.) ROSALES, ANTHONY B		<input checked="" type="checkbox"/> 1. INDOOR <input type="checkbox"/> 2. OUTDOOR	
STAR NO. 5516	POSITION POLICE OFFICER	ADDRESS OF OCCURRENCE 5555 W GRAND AVE	
DATE OF APPOINTMENT [REDACTED]	EMPLOYEE NO. [REDACTED]	CITY <input checked="" type="checkbox"/> CHICAGO	STATE (If outside Chicago)
UNIT OF ASSIGNMENT 025	BEAT/CALL NO. 2502	LOCATION CODE 280-POLICE FACILITY/VEH PARKING	BEAT OF OCCURRENCE 2515
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE ASIAN/PACIFIC ISLAND	DATE OF OCCURRENCE [REDACTED]	TIME 00:15:00
HEIGHT 509	WEIGHT 178	DAY OF WEEK TUESDAY	
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED			
<input checked="" type="checkbox"/> 1. ON DUTY <input type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____ <input type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____ <input type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER		WORKING: <input type="checkbox"/> A. ALONE <input checked="" type="checkbox"/> B. WITH ONE PARTNER <input type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 PATROL TYPE: <input type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input checked="" type="checkbox"/> F. OTHER <u>MALE LOCK UP</u>	
TYPE OF ACTIVITY			
<input type="checkbox"/> A. AMBUSH-NO WARNING <input type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input type="checkbox"/> D. DISTURBANCE - DOMESTIC <input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input type="checkbox"/> G. DISTURBANCE - OTHER <input type="checkbox"/> H. MAN WITH A GUN <input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____ IUCR CODE _____		(Check all that apply): <input type="checkbox"/> A. FIREARM CALIBER <input type="checkbox"/> 1. REVOLVER <input type="checkbox"/> 2. SEMI-AUTOMATIC <input type="checkbox"/> 3. RIFLE <input type="checkbox"/> 4. SHOTGUN <input type="checkbox"/> B. VEHICLE <input type="checkbox"/> 1. OFFICER STRUCK WITH VEHICLE <input type="checkbox"/> 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE <input type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> D. HANDS/FISTS <input type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.) <input type="checkbox"/> G. VERBAL THREAT (ASSAULT) <input type="checkbox"/> H. OTHER (SPECIFY) _____	
<input checked="" type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE <u>720 ILCS 5.0/21-3-A-2-</u> ORIGINAL IUCR CODE <u>CRIMINAL CRIMINAL TRESPASS TO LAND</u> <input type="checkbox"/> K. OTHER		FIREARM USE INFORMATION (Check all that apply): <input type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON	
OFFENDER INFORMATION			
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE BLACK	DOB [REDACTED]	IR NO. [REDACTED]
CB NO. [REDACTED]			
WAS THE OFFENDER'S ACTIVITY: DRUG RELATED?		GANG RELATED?	
<input checked="" type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN		<input type="checkbox"/> 1. YES <input checked="" type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN	
NO. OF OFFENDERS PRESENT? <u>1</u>			
TYPE OF INJURY TO OFFICER		WEATHER CONDITIONS	
<input type="checkbox"/> A. FATAL <input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/ Internal Injuries) <input type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input checked="" type="checkbox"/> D. NONE APPARENT/NONE		<input type="checkbox"/> A. CLEAR <input type="checkbox"/> B. RAIN <input type="checkbox"/> C. SNOW <input type="checkbox"/> D. FOG / SMOKE / HAZE <input checked="" type="checkbox"/> G. OTHER <input type="checkbox"/> E. SLEET / HAIL <input type="checkbox"/> F. SEVERE CROSS WIND	
APPROXIMATE OUTDOOR TEMPERATURE: <u>12 °F</u>			

Unusual Circumstances Regarding Officer Control Tactics and Safety: (If you need more space use additional sheets).

REPORTING MEMBER - SIGNATURE
ROSALES, ANTHONY B

STAR NO.
5516

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.
PLATT, MARY E

577

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED <input type="checkbox"/> DNA SUBJECT INFORMATION REASON FOR USE OF FORCE (Check all that apply)	1. DATE OF INCIDENT	TIME 00:15:00	2. ADDRESS OF OCCURRENCE	3. LOCATION CODE 280	4. BEAT/OCCUR 2515				
	5. POSITION 9161	6. LAST NAME SENG	7. FIRST NAME ERICK P	8. STAR NO. 15746	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE WHI	11. AGE 511	12. HT. 215	13. WT.
	14. DATE OF APPT.	15. EMPLOYEE NO.	16. UNIT & BEAT OF ASSIGNMENT 025 2562D	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No			
	20. LAST NAME OUSLEY	21. FIRST NAME GREGORY	22. M.I.	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE BLK	25. D.O.B.	26. HT. 603	27. WT. 185	
	28. ADDRESS	29. TELEPHONE NO.	30. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No				
	33. WHERE WAS MEDICAL TREATMENT OBTAINED?	34. BY WHOM?	35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input checked="" type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid						
	36. CHARGES PLACED		37. CB NO. <input type="checkbox"/> DNA	IR NO. <input type="checkbox"/> DNA					
	38. <input type="checkbox"/> DNA	PASSIVE RESISTER SUBJECT'S ACTIONS DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/> OTHER _____	ACTIVE RESISTER FLED PULLED AWAY OTHER _____	ASSAILANT:ASSAULT IMMINENT THREAT OF BATTERY OTHER _____	ASSAILANT:BATTERY ATTACK WITH WEAPON ATTACK WITHOUT WEAPON OTHER _____	ASSAILANT:DEADLY FORCE USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM WEAPON OTHER _____			
	39. <input checked="" type="checkbox"/> DNA	MEMBER'S RESPONSE MEMBER PRESENCE VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input checked="" type="checkbox"/> WRISTLOCK <input checked="" type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHMICAL WEAPON <input type="checkbox"/> W/AUTHORIZATION <input type="checkbox"/> OTHER _____	OPEN HAND STRIKE TAKE DOWN / EMERGENCY HANDCUFFING OC CHEMICAL WEAPON CANINE TASER (Probe Discharge) TASER (Contact Stun) TASER (Laser Targeted) TASER (Spark Displayed) OTHER _____	ELBOW STRIKE CLOSED HAND STRIKE/PUNCH IMPACT WEAPON (Describe in Box 40) OTHER _____	KNEE STRIKE KICKS IMPACT MUNITION (Describe in Box 40) OTHER _____	FIREARM OTHER _____			
	WEAPON DISCHARGE INCIDENT	* OC/CHMICAL WEAPON AUTHORIZED BY (NAME)	40. ADDITIONAL INFORMATION						
41. POSITION	STAR NO.	UNIT	42. INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors	43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial	44. WEATHER CONDITIONS CLEAR				
45. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER	46. MAKE/MANUFACTURER	47. MODEL	48. BARREL LENGTH	49. CALIBER/GAUGE					
50. TASER DART ID NO.	51. WEAPON SERIAL NO. (Include Letters)	52. CHICAGO GUN REG. NO.	53. IL FIREARM OWNER ID. NO.	54. HANDGUN CERTIFICATE NO.					
55. SPECIAL WEAPON CERTIFICATE NO.	56. PROPERTY INVENTORY NO.	57. TYPE OF AMMUNITION USED	58. NO. OF WEAPONS DISCHARGED BY THIS MEMBER.	59. TOTAL NO. OF SHOTS MEMBER FIRED					
60. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER	61. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	62. NO. OF CATDRIDGES/SHOT SHELLS RELOADED	63. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)	64. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 03 OTHER (Specify)					
64. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW	65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO								
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)	67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 5 FT. <input type="checkbox"/> 02 5 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.								
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN	69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)								
70. EVENT NO.	71. ID NO.								
72. CASE INFO.	NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT.& W.C./DIST. OF OCCUR. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT.& W.C./DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.								
SIGNATURES	73. REPORTING MEMBER (Print Name) SENG, ERICK P 04-MAR-2014 02:13:45								
	Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.								
	74. REVIEWING SUPERVISOR (Print Name) OSEGUEURA, ALBERT J	STAR NO. 2204	SIGNATURE	DATE REVIEWED 04-MAR-2014	TIME 02:14:19				

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING; 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

DNA

REFUSED

UNABLE TO INTERVIEW (Specify Reason)

Subject repeatedly yelled "fuck you" and "I didn't do nuthin" when asked a question.

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

The Officer was within Department Guidelines on the Use of Force.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. _____ OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

PLATT, MARY E

SIGNATURE

DATE COMPLETED

TIME

04-MAR-2014 02:31:08

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF: SUPPLEMENTARY REPORT
 CASE REPORT OFFICER BATTERY REPORT I.O.D. REPORT
 ARREST REPORT TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES) CR INITIATION REPORT

80. TOTAL TRR's THIS EVENT No.

5